

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Patent Number		6,831,065	
	Issue Date		December 14, 2004	
	First Named Inventor		Michael J. MAY	
	Title	ANTI-INFLAMMATORY COMPOUNDS AND USES THEREOF		
	Art Unit	1653		
	Examiner Name	R. Mitra		
Attorney Docket No.		117886-00103		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 86738

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name Maria Laccotripe Zacharakis, Ph.D., J.D.
McCARTER & ENGLISH, LLP

Address 265 Franklin Street

City Boston **State** MA **Zip** 02110

Country US **Telephone** 617-449-6500 **Email** mzacharakis@mccarter.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Dorothy K. Robinson</i>	Date	9/17/09
Name	Dorothy K. Robinson	Telephone	203.432.4949
Title and Company	VP General Counsel Yale University		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper related to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with §1.6(a)(4).

Dated: 4/23/09

Signature: /MBC/